



Navy New Parent Support (NPS) Program

SUPERVISOR'S GUIDE

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Navy New Parent Support Program SUPERVISOR'S

GUIDE

"The more the family knows...the stronger the family grows"

Purpose

To provide an overview of the New Parent Support (NPS) Program, to define the role and function of the NPS Program staff and provide operational program guidance to NPS Supervisors. For more detailed information, please refer to the Navy NPS Desk Reference Guide.

Chapter 1- NPS Program Overview

Alarming Statistics

- ◆ Prevent Child Abuse America's Survey:
 - 47 out of 1,000 children reported abused or neglected
 - 15 out of 1,000 children confirmed abused or neglected

Source: Wang and Daro (1998, April). Current trends in Child Abuse Reporting and fatalities: The Results of the 1997 Annual Fifty State Survey.
Chicago: Prevent Child Abuse America

- ◆ Bureau of Justice Homicide Statistics:
 - Children under 5 killed 1976-1997
 - Parent: 54%
 - Acquaintance/relative: 30%
 - Strangers: 15%

Source: Bureau of Justice Statistics (1998). Criminal Victimization 1997: Changes 1996-97 with Trends
Washington, D. C.: U. S. Department of Justice.

Why Early Intervention

- ◆ Early childhood is the most critical stage in human development.
Source: Starting Points: Meeting the Needs of Our Youngest Children, Carnegie Corp. of NY April 1994
- ◆ Most severe abuse occurs among children under age 5.
Source: National Clearinghouse of Child Abuse and Neglect 1997 Report From the States
- ◆ Research supports early intervention reduces child maltreatment.
Source: Olds & Kizman, 1993
- ◆ Recruit study data: 41% of women, 39% of men severely abused during childhood.
Source: 1994 Navy Recruit Survey

Program Description

The Navy NPS Program is an early intervention home visiting program designed to promote healthy family functioning, child development, positive parent-child interactions, and to provide advocacy and referral to other services.

Program Background

- ◆ The Navy NPS Program was established in 1990 by the Navy's Family Advocacy Program (FAP) as its major child abuse prevention initiative.
- ◆ The NPS program was developed in response to the General Accounting Office's (GAO) July 1990 Report on Home Visiting Services.
- ◆ In 1991, the U. S. Advisory Board on Child Abuse and Neglect recommended a voluntary home visitation program.
- ◆ The Navy NPS program is based on Hawaii Healthy Start.
- ◆ Hawaii Healthy Start serves as the framework for the Prevent Child Abuse America initiative, Healthy Families America.
- ◆ In 1995, The Navy NPS program established a partnership with Healthy Families America.

Ten sites Navy-wide were selected for the implementation of the NPS program. In FY-95 Congress increased funding and the program was expanded through the development of a Navy-wide Omnibus Contract to a total of 40 sites. In FY-98, a decrease in funding resulted in the loss of some services. At present, there are 34 sites with a staff of 63.

NPS Mission Statement

The New Parent Support Program empowers expectant and new parents to meet the challenges of parenthood and Navy life style.

Program Goals

- ◆ Enhance Navy expectant and new parents' skills in coping with the challenges of parenting and military life.
- ◆ Promote positive parent-child interaction.
- ◆ Promote healthy childhood growth and development.
- ◆ Increase access to military and civilian social and health services for all family members.
- ◆ Improve prenatal care through referral to services and health-related education.
- ◆ Reduce the incidence of child abuse and neglect through home-based supportive and educational interventions.

NPS Program Relationship to the Navy's Mission is based on the following assumptions:

Operational Readiness

- ◆ Enhancing personal self-esteem and strengthening individual coping skills can lead to improved job performance.
- ◆ Preventing or alleviating family stressors allows service members to focus on Navy duties.

Retention

- ◆ Helping service members cope more effectively with adjustment problems to the Navy and other work-related stressors contributes to the retention of highly skilled personnel in the Navy
- ◆ Helping family members cope more effectively with the stressors related to a military lifestyle leads to greater spouse satisfaction, which strongly influences the military member's decision to stay in or get out of the Navy.

Quality of Life

- ◆ Supporting the Navy's philosophy of "taking care of its own" reinforces perceptions by service members and their families that the Navy is concerned about them as individuals and how military life affects their quality of life.

Program Policies and Guidance

DoD Guidance

DoD 1342.2 Family Centers

This instruction establishes policy guidance, assigns responsibilities, and prescribes procedures under DoD Directive 1342.17 Family Policy (12/30/88) for the implementation, oversight, accountability, staffing, and funding of Family Centers within the Department of Defense. In the Navy these are called Family Service Centers.

SECNAV Instructions

SECNAV 1752.3A, Family Advocacy Program

This instruction describes the Department of the Navy (DON) policy on Family Advocacy. It describes the purpose of the Family Advocacy Program (FAP), provides policy and program guidance, describes case management procedures, and assigns responsibility for the FAP.

SECNAV 1754.1A Family Service Center Program

This instruction establishes policy and assigns responsibility for the implementation of Navy and Marine Corps Family Service Center (FSC) programs. It defines the following items: the scope of the program, the applicability of this instruction, the background and mission of the program, core services provided, confidentiality of information, and credentialing of clinical providers. NPS staff are not considered clinical providers.

SECNAV 1000, Department of the Navy (DON) Policy on Pregnancy

This instruction provides policy guidance for all military personnel on pregnancy and issues related to pregnant servicewomen. This guidance is designed to build positively on existing programs in the Navy and Marine Corps in order to ensure quality of opportunity while maintaining operational readiness.

OPNAV Instructions

OPNAV 1752.2A Family Advocacy Program

This instruction provides specific implementing guidance to the Family Advocacy Program. This includes notification requirements for allegations of child abuse, specifically:

ALL DEPARTMENT OF THE NAVY PERSONNEL MUST REPORT ANY INCIDENT OR SUSPECTED INCIDENT OF CHILD ABUSE/NEGLECT OCCURING ON A MILITARY INSTALLATION OR INVOLVING PERSONS ELIGIBLE FOR FAP SERVICES TO THE LOCAL FAMILY ADVOCACY REPRESENTATIVE.

OPNAV 6000.1A Management of Pregnant Servicewomen

This instruction provides administrative guidance for the management of pregnant servicewomen and promotes uniformity in the medical-administrative management of a normal pregnancy.

OPNAV 1740.4 US Navy Family Care Policy

This instruction provides policy on dependent care responsibilities as they affect the accomplishment of prescribed military duties, and outlines procedures for counseling single member sponsors and military couples with dependents or dependent care responsibilities.

PERS-661 Navy Family Advocacy Program, NPS Desk Reference Guide
May, 1977

The NPS Desk Reference Guide defines the role and function of FAP's NPS Program, describes the evolution of the program and its goals and objectives, defines the program's target population, identifies the types of services offered, defines the composition of NPS, and describes the roles and responsibilities of the NPS Staff. These guidelines outline critical components of the program and provide operational program guidance. In addition, they provide direction on the completion of the required Quarterly Report and describe the instruments used for the NPS assessment process.

Guidelines for Coordination of Referrals from Medical Treatment Facilities (MTF) To Department of the Navy (DON) NPS Programs

This document, issued from the Chief of the Bureau of Medicine and Surgery (BUMED), directed Navy Medical Treatment Facilities (MTFs) to consider executing a Memorandum of Understanding (MOU) directly with NPS. This letter encourages MTFs to refer both second/third trimester women and parents with newborns to the NPS program.

Child Abuse Reporting Requirements

- ◆ NPS staff are required to make an **immediate** report of all child abuse/neglect allegations to local child protective services and FAP.
- ◆ NPS staff must advise the parent(s) that reports are made to both civilian and military (FAP) systems.
- ◆ NPS staff should keep a copy of state laws that apply to reporting of child abuse/neglect.

Intimate Partner Abuse Reporting Requirements

- ◆ Federal mandates exist for law enforcement reporting if weapons are used or if evidence of physical injury is present.
- ◆ States vary tremendously; mandatory reporting of Intimate Partner Abuse (IPA) is not the rule.
- ◆ Must consider the rights of adults for self-determination.

Navy Requirements

Intimate Partner (Spouse) Abuse must be reported:

- ◆ By law enforcement to member's command and the Family Advocacy Representative (FAR) if physical injury is present or there is use of a dangerous weapon(s).
- ◆ By medical staff to the FAR if there are injuries related to abuse. The FAR notifies member's command.

By medical staff to law enforcement if there is major physical injury or indication of a propensity or intent by the alleged offender to inflict major physical injury.

Intimate Partner (Spouse) Abuse Reporting is discretionary if:

- ◆ Victims come voluntarily to an FSC or MTF seeking clinical counseling and:
 - There are no current injuries requiring medical attention.
 - The spouse is responsive and capable of responding to renewed threats of abuse.
 - Previous injuries are not "major" physical abuse.
- ◆ Victim's safety is not an immediate issue and the victim does not want it reported.
- 1. At a minimum, a risk assessment and safety plan should be completed and FAR should be consulted.
- 2. If at any time while working with the victim the provider comes to believe that the life and/or health of the victim is in imminent danger, the provider is required to report the situation to the FAR and the appropriate command, and should take necessary actions to promote the safety of the victim.

NPS Reporting Requirements

Keep a copy of state laws that apply to reporting of intimate partner (spouse) abuse.

If there are current injuries:

- ◆ Refer the victim to the MTF and notify the FAR and law enforcement.

If a victim discloses a history of IPA, with no current injury:

- ◆ Obtain more information about abuse history to include frequency, severity, most recent incident as well as the presence of significant risks and if the victim is fearful. The wishes of the victim should be considered.
- ◆ Do safety planning and report to FAR.

Chapter 2 NPS Program Components

Program Components:

- ◆ Systematic Screening and Assessment
- ◆ Information and Referral
- ◆ Parenting Education- Groups/classes
- ◆ Home Visitation
- ◆ Developmental Screening
- ◆ Coordination of Interagency and Community Resources

Target Population:

All Navy expectant and new parents with an infant under the age of 4 months are eligible for NPS services. The Navy NPS program is designed to provide some level of support services for Navy expectant and new parents. Home visiting services are targeted to those "overburdened" families with multiple stress factors.

Eligibility for NPS Services:

- ◆ Navy NPS screens prenatally or before the infant is four months old. The purpose of the initial "Screening for High Risk Factors" (developed by the Hawaii Family Stress Center) is to determine the presence of various individual, family, community, and social/cultural risk factors associated with increased potential for maladaptive/abusive behaviors. The assessment process identifies those families who are "overburdened" and who should be targeted for more intensive services.
- ◆ If the initial screening is positive, the Kempe Family Stress Checklist is completed. A family is "at risk" if they score above cutoffs on both of these instruments. Families screened to be "at risk" are offered either NPS home visiting services or referred to a community home-visiting program.
- ◆ **Eligible expectant and new parents with an active FAP case can access NPS services following the successful completion of treatment and closure of the case.**
- ◆ **Those families participating in the NPS program, who subsequently have a FAP-related incident, continue to be eligible for NPS services on a voluntary basis.**
- ◆ **NPS is not intended to be an active case intervention resource for referral by the Case Review Committee (CRC).**

NPS Services:

Level 1 (low risk)

- ◆ Education to all new and expectant parents on childbirth, parenting, healthy childhood growth and development
- ◆ Information and referral services

- ◆ Assessment for risk indicators that identifies those families most "overburdened"

Level 2 (high risk)

- Voluntary Home Visiting Services, which have a well-defined criteria for increasing or decreasing intensity of services over the long term.

High Risk and High Need Population:

High-risk population includes expectant and new parents who are identified to be at high risk for potential child abuse/neglect. According to the instrument developed by the Hawaii Family Stress Center, factors that can be predictive of high risk include:

- ◆ Single parents(including temporarily single parents)
- ◆ Adolescent parents
- ◆ Parents of premature infants or children with special needs
- ◆ Individuals who score high(25+)on the Kempe Family Stress Checklist
- ◆ Expectant and new parents who report being raised in a violent home
- ◆ Expectant and new parents who report a history of spouse/child abuse
- ◆ Individuals who have a limited knowledge of parenting information as well as unrealistic expectations of their child's development.

Exceptions:

Although the majority of level 2 (home visiting) services should be provided to those who meet the eligibility criteria, exceptions can be made on a case-by-case basis. Pers-661 NPS Program Manager is to be consulted for the appropriate waiver when a request is being made to provide services outside the current guidance.

Types of Services Offered:

- ◆ Intensive home-based family support and education
- ◆ Creative outreach to encourage resistant families with high risk factors to participate in the program
- ◆ Parent support groups
- ◆ Parent-child interaction curriculum
- ◆ Linkage with medical services
- ◆ Referrals and advocacy
- ◆ Child development screening
- ◆ Child health tracking (well care, immunizations)
- ◆ Long term follow-up until age 5
- ◆ Varied intensity of service, based on family needs

Critical Elements

The NPS program design includes critical elements identified as contributors to program effectiveness. These elements are consistent with Healthy Families America's critical elements for accredited programs. These include:

- ◆ Initiate services prenatally or at birth.
- ◆ Use a standardized assessment tool to systematically identify families who are most in need of service.
- ◆ Offer voluntary services and use positive, persistent outreach efforts to build family trust.
- ◆ Offer intensive services, with well-defined criteria for increasing or decreasing intensity of service over the long term.
- ◆ Services should be culturally sensitive.
- ◆ Services should focus on supporting the parent as well as supporting parent-child interaction and child development. Families should be linked to medical providers and additional services as needed.
- ◆ Caseloads should be capped at realistic levels.

Guidelines for Home Visiting

Navy NPS participants who receive home visiting services are assigned to levels based on the intensity of support services needed. The frequency of home visits will vary as defined in the Healthy Families America program guidelines below. Usually, families will begin NPS home visiting services at either the prenatal level or at level 1. In unusual or complex cases, families may begin services at level 1/SS (special services).

<u>Levels</u>	<u>Visits</u>	<u>Value</u>
◆ Prenatal Level	weekly to two/month	2.00
◆ Level 1/SS	more than one visit weekly, plus other contacts	3.00
◆ Level 1	weekly (6-9 months)	2.00
◆ Level 2	every other week	1.00
◆ Level 3	once a month	.50
◆ Level 4	every three months	.25
◆ Level X	Creative Outreach	.50

Creative Outreach is the term used to encourage a resistant family, that exhibits several high risk factors, to participate in the program. Contact via phone or home visits should be attempted at least weekly.

Caseload:

NPS home visitors should maintain a caseload with a weight value of 30 (according to level of service) or a maximum of 25 families, at any one time based on Healthy Families America program guidelines.

Length of Service:

The Navy NPS program offers services which may extend for up to five years, with the average length of service being one year.

Case Closures:

The case is considered closed when the participant does not require or does not want NPS services any longer. Case closure can occur when:

- ◆ Individual Family Support Plan (IFSP) goals have been accomplished and no additional services are needed.
- ◆ IFSP goals have not been sufficiently accomplished, but no further services are possible because the participating family separates from the Navy or declines additional NPS services.

Coordination with Community Resources Providers

NPS staff are in a position to educate the civilian community about the Navy. Much of their job entails linking participants with appropriate resources. It is the responsibility of the NPS staff to be aware of available community resources to avoid duplication of services, and utilize staffing resources most efficiently.

Safety and Emergency Procedures

All NPS sites should develop written safety and emergency procedure guidelines to address the NPS office and home visiting environments. This guideline should be included in a detailed and comprehensive training format so that all staff members know what to do in an emergency.

Chapter 3 Staff Roles and Responsibilities**Program Staff:**

The NPS program consists of a multidisciplinary team that includes nurses, social workers, child development specialists, and other related social science professionals with specialization in maternal/child health issues and/or public health.

Background Checks:

NPS staff must comply with the DoD Instruction 1402.5. Enclosure 2.1.2 defines Care Provider as: current and prospective individuals hired for education, treatment or healthcare, child care or youth activities, individuals employed under contract who work with children and those who are certified for care. Background checks are required for all civilian and military providers (except military health care providers) involved in child care services who have regular contact with children.

Team Leader (TL)

The NPS TL is the official point of contact for the NPS program. The TL represents NPS at meetings, conferences, briefings, and workshops. The TL establishes and maintains contact with other military and civilian agencies, identifies community resources, and establishes MOU's for referral services. The TL supervises all NPS staff and service-level activities, evaluates work and renders advice and technical guidance to staff. The NPS TL is responsible for planning, providing, and documenting staff training.

Family Assessment Worker (FAW)

Most NPS programs do not have specifically designated FAWs, rather this work is done by the Team Leader, Home Visitor and Social Services Assistants who have received the Healthy Families America Assessment training. The NPS Family Assessment Worker (FAW) has the primary responsibility within the NPS team to screen and assess expectant and/or new parents. The assessment interview takes place in the home, hospital or office setting or, when necessary, by telephone. The Family Assessment Worker may have overlapping Social Service Assistant duties and responsibilities.

Family Support Worker (FSW)

The NPS Family Support Worker (FSW) provides home visiting services. Home visits are intended to educate new and/or at-risk parents on age-appropriate nurturing techniques that will enhance infant and child development.

Social Services Assistant (formerly called Program Assistant)

This staff member is primarily responsible for NPS program information and administrative support services; maintains all case files, statistics and other reporting data and may assist with support groups or classes under the supervision of the Team Leader. In many sites this position has overlapping Family Assessment Worker duties and responsibilities. Social Services Assistants who have received the Healthy Families America Assessment training may also do assessments under the supervision of the Team Leader.

NOTE NPS programs are not fully staffed with these four positions. In most programs, the staff is cross-trained to do assessment, support, and administrative duties.

For a detailed explanation and sample job descriptions see the NPS Desk Reference. The Team Leader is always responsible for the supervision of the overall program and staff. The Team Leader often does assessments and has a small caseload. The Family Assessment Worker and Family Support Worker are often merged into one position, primarily doing home visiting but also doing assessments as needed. The Social Services Assistants who have received the Healthy

Families America Assessment training may also do assessments, and may assist with support groups and classes under the supervision of the Team Leader.

Single-staff NPS Program

The single-staff model encompasses the roles and responsibilities of the NPS team leader, family assessment worker, family support worker, and program assistant. The recommended workload distribution is:

- 50% Home Visiting
- 25% Program Management and Marketing
- 25% Program Administration

Supervision

The NPS TL should provide ongoing, intensive supervision to NPS staff either individually or as a group. The NPS TL is responsible for case management and supervision of NPS Staff for the overall program. The amount of time and level of supervision is dictated by the level of competency of the NPS staff and the size of the NPS program. The FSC Chief of Clinical Services, or the FAR, provides supervision to the NPS Team Leader.

Core training

Training for each of the NPS positions is important to provide appropriate and consistent services throughout the Navy. All new staff should receive training upon entering the program. Training through Healthy Families America is recommended within six months of hire.

Chapter 4 Administrative Case File Management/Quality Assurance

Development and Control of Case Files

This chapter in the NPS Desk Reference Guide covers the administrative management of case files from opening to closing, outlining necessary procedures, forms, and staff responsibilities. NPS files are established, protected, maintained, and eventually destroyed per the following guidance:

- SECNAVINST 5211.5D SERIES (Privacy Act)
- SECNAVINST 5720.42 SERIES (Freedom of Information Act)
- SECNAVINST 1752.3A SERIES (FAP Policy & Reporting Requirements)

Housing and Destroying Closed Case Files:

Closed case files should be housed in locked storage for two years, the same as FSC clinical cases. Computerized files can be deleted after five years.

QOLMISNET/ Quarterly Reports

NPS client and non-client records are kept in QOLMISNET under the section "NPS Lotus Notes". The "Program Monitoring System User's Guide" (Caliber Associates) provides information on completing all of the NPS forms. Eventually all of the data now submitted on the quarterly report will be automatically retrieved but until that time the Quarterly Reports must be submitted on paper.

68000. NEW PARENT SUPPORT PROGRAM (NPS)

68010. There is a written plan/local policy for implementation and operation of a NPS.

Key Indicators: Program providers can describe program parameters and service delivery goals. Plan/policy includes the program goals as described in BUPERS ltr 1752 Ser 661/01943 of 7 Dec 95.

68020. There is a system for retaining, recording, reporting and retrieving service delivery data.

Key Indicators: NPS providers accurately collect, record and analyze data in planning services for new parents. Review of records and verbal report of providers indicate compliance. Each NPS has a computer available for daily use. Collected data is prepared per BUPERS ltr 1752 Ser 661/01943 of 7 Dec 95.

68030. Case records are maintained on each NPS client per local counseling policy and Healthy Start model.

Key Indicators: Case records are neat, legible and contain the following information (as defined in *NPST Family Assessment Worker Early Identification* provided by BUPERS and BUPERS ltr 1752 Ser 661/01943 of 7 Dec 95):

- Identifying information
- Referral source
- NPS Assessment Record
- Family Stress Checklist
- Intervention/Service delivery plan and goals
- Signed Privacy Act statement
- Log of case contacts/home visits
- Documentation of referrals and actions taken
- Developmental screening, where appropriate
- Individual Family Support Plan, where appropriate
- Closing summary (completed within 30 days)

68040. NPS Quarterly Report is submitted accurately and on time to PERS -661.

Key Indicator: Report is completed per guidance contained in BUPERS ltr 1752 Ser 661/01943 of 7 Dec 95.